

POLICY WORDINGS

Future Platinum Travel - Group

Future Generali India Insurance Company Ltd., (The Company, We, Our or Us) will provide the insurance cover, described in this Policy and any endorsements thereto, for the Insured Period, as defined in the Policy schedule. The insurance cover provided under this Policy detailed below, for events described, if it occurs during the insured journey only and each benefit is subject to its own sum insured, as per limits mentioned in this policy schedule.

The insurance cover is governed by and subject to, the terms, conditions and exclusions of this Policy as mentioned below.

A. DEFINITIONS:

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. **Accident/ Accidental** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Act of terrorism** means an act or threat of violence or an act harmful to human life, tangible or intangible property or infrastructure with the intention or effect of influencing any government or putting the public or any section of the public in fear.
3. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
4. **Age** indicates Insured person's completed years on his/her last birthday.
5. **Bank Rate** means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
6. **Burglary** means theft involving entry into or exit from Insured person's premises by forcible and violent means (including any threat of violence).
7. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
8. **Common Carrier** means any civilian land or water conveyance or Scheduled Aircraft in each case operated under a valid license for the transportation of passengers for hire.
9. **Checked in baggage** means the baggage handed over by Insured person and accepted by a Common Carrier for transportation in the same carrier in which Insured person is or would be travelling and for which the Common Carrier has issued a baggage receipt.
10. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
11. **Congenital Anomaly** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
 - a) **Internal Congenital Anomaly**- Congenital anomaly which is not in the visible and accessible parts of the body.
 - b) **External Congenital Anomaly**- Congenital anomaly which is in the visible and accessible parts of the body.
12. **Co-Payment** is a cost-sharing requirement under a health insurance policy that provides that, the policyholder/ insured will bear a specified percentage of the admissible claim amount. A Co-payment does not reduce the Sum insured.
13. **Critical illness** means any of the following mentioned diseases- Cancer, Kidney failure, Liver Failure, Multiple Sclerosis, Multiple Organ Transplant, Coronary Artery Bypass Surgery, Aorta Graft Surgery, Stroke, Heart Attack and Coma.

14. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
15. **Dependent child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/ her independent sources of income.
16. **Disclosure of information norm:** The Policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
17. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
18. **Day Care treatment** refers to medical treatment, and/or surgical procedure which is:
i. undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hrs because of technological advancement, and
ii. which would have otherwise required a hospitalisation of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition
19. **Eligible Family** means Insured person, Insured person's spouse, Insured person's two dependent children.
20. **Emergency care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
21. **Hijack** means any unlawful seizure or exercise of control, by force or violence or threat of force and with wrongful intent, of Common Carrier in which Insured Person's are travelling.
22. **Hospital/ Nursing Home** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
(i) has qualified nursing staff under its employment round the clock;
(ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
(iii) has qualified medical practitioner(s) in charge round the clock;
(iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
(v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
23. **Hospitalisation or Hospitalized** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
24. **Illness** means a sickness or a disease or pathological condition leading to impairment of normal physiological function and requires medical treatment.
a) **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
b) **Chronic condition**-A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests.
ii. it needs ongoing or long-term control or relief of symptom
iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
iv. it continues indefinitely
v. it recurs or is likely to recur
25. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
26. **Insured** means the person(s) named in the Schedule, whose name specifically appears as such in Schedule to this Policy.

27. **Insurable Event** shall mean an event, loss or damage for which Insured person shall be reimbursed under this Policy.
28. **Inclement Weather** means any severe, catastrophic weather conditions which delay the scheduled arrival or departure of a common carrier .This does not include normal, seasonal climatic/ weather changes.
29. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
30. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
31. **Limit of Indemnity** means the amount stated in the Schedule against each relevant Section, which shall be our maximum liability under this Policy (regardless of number of Claims made) for any one claim and in the aggregate for all claims under such Section.
32. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
33. **Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
34. **Medical practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. The registered practitioner should not be the insured or close family members.
- Note: In case the Medical practitioner is practicing outside India, he/ she should be a licensed medical practitioner acting within scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.
35. **Medically necessary treatment** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
36. **Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
37. **Non-Network** means any hospital, day care centre or other provider that is not part of the network.
38. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
39. **OPD treatment** is one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
40. **Proposal** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
41. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
42. **Policyholder** means the entity or person named as such in the Schedule.

43. **Period of Insurance** shall mean the period from Commencement of Insurance cover to the End of the insurance cover or actual trip duration, whichever is less.
44. **Property Damage** means actual physical damage to tangible material property belonging to a third party.
45. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
46. **Qualified nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
47. **Reasonable and Customary charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/ injury involved.
48. **Room rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
49. **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times .
50. **Service Provider/ Third party administrator (TPA)** means persons, organization named in the Schedule who has been appointed by us to provide administrative services on Our Behalf and at Our Direction for an Insurable event.
51. **Schedule** means that portion of the Policy which sets out Insured Person's personal details, the type of insurance cover in force, the period and the Limit of Indemnity. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
52. **Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
53. **Surgery or Surgical Procedure** means manual and/ or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
54. **Strike means a** stoppage of work
a) announced, organized and sanctioned by a labor union and
b) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strike is work slowdowns, lockouts and sickouts.
55. **Theft** means the dishonest misappropriation by any person on Insured person's property with the intention to permanently deprive him/her of that property.
56. **Travelling Companion** means an individual or individuals travelling with Insured person's during the Policy period, provided that, Insured person's and such individual(s) are travelling to the same destination on the same dates and provided that such individual(s) is/ are also insured under Future Platinum Travel - Group. For the purpose of this definition, any individual(s) forming part of a group travelling on a tour arranged by a travel agent or a tour leader is not considered as Travelling Companion, unless the individual(s) is part of Insured person's Immediate Family as defined herein.
57. **Trip** shall mean and include all journeys abroad undertaken from a port at the Country of Insured person's Residence and return to any first port in the Country of Insured person's Residence during the Period of Insurance.
58. **Unproven/ Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India.
59. **Valuables** means photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewellery, furs and articles made of precious stones and metals.

60. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.

61. **You, Your, Yourself** means the Policyholder shown in the schedule.

B. SCOPE OF COVER:

SECTION I: MEDICAL CARE

We shall compensate the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule in respect of:

- 1. Medical Expenses:** The medical expenses incurred by Insured person overseas up to maximum stated in the Policy Schedule, for Medically Necessary treatment of an injury or illness sustained by Insured person while this policy is in effect. The expenses covered would include services of a Medical Practitioner, hospital and medical services and local emergency medical en-route. Any medical services or series of services with a cost greater than USD 500 shall not be covered by this Policy unless Insured person consults the Service Provider and the cost for such services is authorized in advance by the Service Provider.
- 2. Emergency Medical Evacuation:** We shall pay the Reasonable and Customary charges for expenses incurred if Injury or Illness results in Insured person's necessary emergency evacuation that must be ordered by the Service Provider or a Medical Practitioner who certifies that the severity or the nature of Injury or illness warrants Emergency Evacuation. Covered expenses are those for Transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with Emergency Evacuation.

All Transportation arrangements for evacuation must be

- a) Recommended by the attending Medical Practitioner;
- b) Required by the standard regulations of the conveyance transportation used
- c) Arranged and authorized in advanced by the Service Provider.

Specific Definition:

Emergency Medical Evacuation: In event Insured person is with an illness or suffer Accidental Bodily Injury while overseas and

- (a) Insured person's medical condition warrants immediate transportation (and one other person or medical escort if medically required) from where Insured person are Injured or sick to nearest Hospital where appropriate medical treatment can be obtained,
 - (b) After being treated at a local Hospital the medical condition warrants transportation to the country where the trip commenced to obtain further medical treatment or to recover, or
 - (c) Both (a) and (b).
- 3. Repatriation Of Mortal Remains:** In the event of Insured person's death due to an illness or Accidental Bodily Injury covered under this policy, We shall reimburse for the costs of transporting the remains of the deceased back to the Republic of India or f or cost of a burial in the overseas country where the death occurred subject to the maximum limit as USD 10000. These expenses should be pre-approved by the Service Provider prior to the transportation of remains to the Republic of India.
 - 4. Balance Period of Policy:** We will indemnify Insured person in respect of Medical Expenses incurred by Insured person within India as a continuation of medical treatment commenced by Insured person while overseas immediately prior to any Medical Evacuation, arising out of any illness or Accidental Bodily Injury during the course of Insured person's Journey .This benefit shall be limited to a period of 90 days from and including the date upon which the aforesaid illness and/ or Accident Bodily Injury occurred or first manifested itself, subject to the Limit of Indemnity remaining (if any).
 - 5. Daily Allowance In Case Of Hospitalisation:** In event Insured person is inpatient in hospital for more than 24 hrs due to any illness or Accidental Bodily Injury sustained or contracted within the period of insurance whilst on the trip abroad, We shall pay Insured person a daily allowance as specified in the Policy Schedule. This Benefit can be claimed only once during the Policy Period.
 - 6. Emergency Sickness Dental Relief:** If Insured person is first diagnosed with a dental illness while overseas which requires immediate medical attention then We shall reimburse Insured person up to the maximum limit of indemnity for dental benefits as specified in the Policy Schedule. However dental care rendered necessary as result of a covered accident shall be subject to limit of Medical expenses cover as stated in the Policy Schedule.

Specific Condition for Age Limit of 56 to 70 years

If the Insured is between Age 56 years to Age 70 years during the Period of Insurance, then Our liability to indemnify Medical Expenses under this Benefit will be further subject to the following:

- Expenses for Hospital Room Rent and Hospital Miscellaneous Expenses shall not be reimbursed in excess of US\$1,750 per day and shall not be reimbursed for a period exceeding 30 days during the Period of Insurance;
- Expenses for Intensive Care Unit shall not be reimbursed in excess of US\$2,500 per day and shall not be reimbursed for a period exceeding 7 days during the Period of Insurance;
- Expenses for any Surgery/Surgical Procedure shall not be reimbursed in excess of US\$12,500;
- Expenses for any anesthetist's services during any Surgery/Surgical Procedure shall not be reimbursed in excess of 25% of the total expenses incurred for that Surgery/Surgical Procedure;
- Expenses for any Medical Practitioner's consultation shall not be reimbursed in excess of US\$75 per visit and for more than 10 such visits;
- Expenses for any diagnostic tests and pre-admission tests shall not be reimbursed in excess of US\$1,000;
- Expenses for any ambulance services (including medical services and medical supplies that are required to be rendered to the Insured during the transportation) shall not be reimbursed in excess of US\$500.

These are further restricted to the Limit of Indemnity.

SECTION II: TRAVEL INCONVENIENCE

(a) Hijack Distress Allowance: We shall pay Insured Person, in event the common carrier in which Insured Person is travelling is hijacked on the trip abroad during the Period of Insurance and Insured Person's journey is interrupted or disrupted for more than 24 hours, compensation up to maximum Limit of Indemnity as specified in the Policy Schedule.

(b) Trip Delay: We shall pay Insured Person compensation in event of Trip Delay, subject to maximum specified in the Policy Schedule provided Insured Person's trip is delayed for more than 12 hours due to Covered Hazard.

Specific Condition applicable to Trip Delay:

Covered Hazard is:

- a. delay of a common carrier caused by Inclement Weather or
 - b. delay due to strike or other job action by employees of a common carrier scheduled to be used by Insured Person for his/her Trip delay caused by equipment failure of a common carrier.
 - c. delay caused by Loss of Passport and the claim is admissible under the cover "Loss of passport"
- (c) Trip Cancellation:** We shall pay Insured Person, compensation in event of cancellation of Trip in India prior to its commencement towards non-refundable expenses on cancellation of the Overseas Travel Tickets, Hotel Booking or Scheduled Tour Booking up to the maximum as specified in the Policy Schedule provided the cancellation is due to any of the following:
- a. Death or diagnosis of Critical illness of the Insured or following immediate family members-Spouse, Children, Parents, Brother, Sister, Parent In Law.
 - b. A booked common carrier (starting from India or outside India) being delayed for at least 24 hours due to Strike, industrial action, riot, civil commotion, severe weather condition, natural disaster, hijack or mechanical breakdown of public common carrier.
 - c. Serious Damage to Insured Person's residence in India arising from fire, flood, earthquakes and riots.

Specific Condition applicable to Trip Cancellation:

The booking should be cancelled by Insured Person within 48 hours of the occurrence of any of the event, which would result in a claim under this cover.

(d) Trip Curtailment: We shall pay Insured Person, compensation in event of curtailment of trip overseas (when he/she has travelled outside India) towards non-refundable expenses on cutting short the Overseas Travel Tickets, Hotel Booking or Scheduled Tour Booking up to the maximum as specified in the Policy Schedule provided the curtailment is due to any of the following:

- a. Death or diagnosis of Critical illness of the Insured or following immediate family members-Spouse, Children, Parents, Brother, Sister, Parent In Law.
- b. A booked common carrier (outside India) being delayed for at least 24 hours due to Strike, industrial action, riot, civil commotion, severe weather condition, natural disaster, hijack or mechanical breakdown of public common carrier.
- c. Serious damage to Insured Person's residence in India arising from fire, flood, earthquakes and riots.

Specific Condition applicable to Trip Curtailment:

The booking should be cancelled by Insured Person within 48 hours of the occurrence of any of the event, which would result in a claim under this cover.

- (e) **Missed Connection:** We shall pay Insured Person, compensation up to the maximum specified in the Policy Schedule, if the aircraft on which Insured Person have booked to travel from India is cancelled or delayed in event of inclement weather beyond 12 hours than the original scheduled arrival time, resulting in Insured Person missing the connecting flight at the destination of the connecting flight.

The Common carrier must certify the delay of regularly scheduled airline flight.

- (f) **Loss of Passport:** We shall pay Insured Person up to the Limit of Indemnity specified in the Policy Schedule for the loss of passport during a trip abroad, for Reasonable expenses necessarily incurred by Insured Person in obtaining a 'duplicate/ temporary passport overseas'

SECTION III: PERSONAL CARE

- (a) **Baggage Loss (checked in baggage):** We shall pay Insured Person up to the Limit of Indemnity specified in the Policy Schedule in respect of the complete and permanent loss or destruction of Insured Person's checked in Baggage, save that We may, in our sole and absolute discretion, opt to reinstate or replace the Checked Baggage as an alternative to making payment to Insured Person hereunder.

We shall pay Insured Person, up to the maximum subject to the deductible as specified in the Policy Schedule for the cost of replacement of the entire baggage and its contents. All the claims must be verified by common carrier.

In event, more than one baggage checked in, is lost, the maximum amount payable per lost bag is 50% of the amount stated in the Policy Schedule and if any article is lost, the maximum amount payable per article contained in any bag is 10% of the amount stated in the Policy Schedule.

- (b) **Baggage Delay (checked in baggage):** We shall pay Insured Person up to the Limit of Indemnity specified in the Policy Schedule in respect of Insured Person's emergency purchase of toiletries, medication and clothing to replace those contained in Checked Baggage, if Insured Person's Checked in Baggage is delayed or misdirected by a common carrier by more than 12 hours beyond the time of Insured Person's arrival at the intended destination outside India. The payment for this benefit will be limited to the travel destinations specified in the main travel ticket from India and return trip back to India during the trip abroad including all halts and via destinations. Insured Person must be a ticketed passenger on common carrier and must provide with written proof of delay from the common carrier.

Specific Condition applicable to Baggage Delay (checked in baggage):

In the event that claim(s) is submitted for total loss of checked -in-baggage as well as temporary delay of checked -in baggage, the higher of the claim(s) shall be payable by Us in respect of the same items(s) of checked -in baggage during any one Policy period.

- (c) **Compassionate Visit:** In event of Insured Person being Hospitalised consequent upon any illness or Accidental Bodily Injury covered under the policy and the attending Medical Practitioner in writing advises the necessary attendance of a family member, We shall reimburse the actual cost of economy class transportation by the most direct route via a common carrier incurred by the person rendering special assistance from and to the place of origin of such person or the place of residence of the person subject to maximum Limit of Indemnity specified in the Schedule. Family member will mean and include either of the Parents or child or spouse only.

Provided that:

1. The Hospitalisation has been advised by the Medical Practitioner attending Insured Person; and
2. The need of such assistance is essential in the opinion of the Medical Practitioner attending Insured Person and recommended by him/ her accordingly.

Our liability under this Benefit, however, in respect of any one event or all events of Hospitalisation during the Period of Insurances shall not in total exceed the Limit of Indemnity as specified in the Policy Schedule.

Specific Condition applicable to Compassionate visit:

1. Insured Person shall as far as possible seek for such special assistance from any one of Insured Person's relatives, either at the place of Hospitalisation or any other nearest place.
2. It is a condition precedent to Our liability hereunder that the need for such a special assistance and consequent visit of any one of the family or relative from a particular place is also approved by the Service Provider before any one of the family or near relatives undertakes the trip.

- (d) **Financial Emergency Assistance:** In the event Insured Person's require financial emergency Assistance following incidents like burglary/ theft of luggage/ money or hold up. The Service provider shall co-ordinate

with Insured Person's relatives in India to provide emergency cash assistance to Insured Person's as per Insured Person's requirement, up to the limit specified in the Policy Schedule.

SECTION IV: PERSONAL ACCIDENT

(a) Accidental Death and Permanent Total disability -We shall pay Insured Person, a percentage of the Limit of Indemnity specified in the Policy Schedule, if Insured Person sustain Accidental Bodily Injury during the course of Insured Person's trip overseas while this policy is in effect, results in one of the losses shown in the Table of losses below. The loss must occur within 12 months from the date of Accident, which caused the Injury.

If more than one loss results from one Accident, only one amount, the largest, will be paid.

Table of Losses

Event	Percentage of Limit of Indemnity
Accidental Death	100%
Permanent Total Disablement:	100%
Permanent Total Loss of sight of both eyes	100%
Permanent Total Loss of sight of one eye and physical separation of or the loss of ability to use either one hand or one foot	100%
Permanent Total Loss and physical separation of or the loss of ability to use both hands or both feet	100%
Permanent Total Loss and physical separation of or the loss of ability to use one hand and one foot	100%
Permanent Total loss of an arm at the shoulder joint	75%
Permanent Total loss of an arm above the elbow joint	70%
Permanent Total loss of a hand at the wrist	50%
Permanent Total loss of an arm beneath the elbow joint	60%
Permanent Total loss of a leg above mid-thigh	75%
Permanent Total loss of a leg up to mid-thigh	60%
Permanent Total loss of a leg up to beneath the knee	50%
Permanent Total loss of a leg up to mid-calf	45%
Permanent Total loss of a foot at the ankle	40%
Permanent Loss of sight of one eye	50%
Permanent Total loss of Hearing of both ears	75%

Specific Definition:

Permanent Total Disablement means disablement due to which Insured Person is unable to engage in each and every occupation or employment for compensation or profit for which Insured Person is reasonably qualified by education, training or experience for the rest of his/ her life. If at the time of loss Insured Person is unemployed, Permanent Total Disability shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.

(b) Accidental Death (Common Carrier): We shall pay Insured Person up to the Limit of Indemnity as specified in the Policy Schedule if he/she sustain Accidental Bodily Injury during the course of his/her Journey while this policy is in effect results in his/ her Accidental Death. Injury must occur while Insured Person is riding as a passenger in or on, boarding or alighting on a common carrier. This benefit, if mentioned in Insured Person's policy schedule will be in addition to the Section B. IV (a), Accidental Death and Permanent Total disability

The limitations and exclusions applicable are the same as for Section B. IV (a), Accidental Death and Permanent Total disability.

(c) Accidental Death (Air Travel only): We shall pay Insured Person up to the Limit of Indemnity specified in the Policy Schedule, if he/she sustain Accidental Bodily Injury during the course of Insured Person's Journey while this policy is in effect results in Insured Person's Accidental Death, while Insured Person is riding as a passenger in or on, boarding or alighting from any commercial airline subject to event has occurred once he/she in the aircraft. This benefit, if mentioned in your policy schedule will be in addition to the Section B. IV (a), Accidental Death and Permanent Total disability and (b), Accidental Death (Common Carrier)

The limitations and exclusions applicable are the same as for Section B. IV (a), Accidental Death and Permanent Total disability.

SECTION V: SPECIAL CARE

(a) Golfers Hole in One Celebration: We shall pay Insured Person expenses incurred in celebration of

achieving a hole-in-one by him/her during the trip, anywhere in the world excluding India, in a United States Golfers Association (USGA) recognized golf course, subject to maximum specified in the Policy Schedule.

- (b) Automatic extension of the period of insurance:** Automatic extension of the period of insurance is granted up to a period of 7 days, from the policy expiry date, if the extension is necessary, due to delay by scheduled Airlines, which is beyond Insured Person's control, and no alternative air transportation is made available to him/her.
- (c) Burglary (Home Contents):** If Insured Person is the victim of a burglary at the residence normally occupied by You in India (located at the address mentioned in the Schedule) during the period of travel overseas, We shall indemnify Insured Person up to the specified Limit of Indemnity in the Policy Schedule for loss of or damage to Contents. The cover excludes loss or damage to jewelry and valuables.

It is a condition precedent for admitting Liability under this section that Insured Person or Insured Person representative shall file FIR with the local police as soon as the robbery/burglary is discovered.

- (d) Child Escort:** In the event of Insured Person's death while on the covered trip due to a covered illness or accident we shall reimburse travelling expenses for returned journey of Insured Person's children aged below 17 and insured under our travel policy provided they are not accompanied by any other adult family member subject to maximum specified in the Policy Schedule.

SECTION VI: LEGAL LIABILITY

- (a) Personal Liability:** We will indemnify Insured Person up to the Limit of Indemnity specified in the Policy Schedule against any legal liability incurred by Insured Person in his/ her private capacity to pay damages for the third party civil claims arising out of Accidental bodily injury or Accidental Property Damage occurring during Insured Person's Journey.

Specific condition applicable for Personal Liability:

1. No Deductible shall be applicable in respect of the legal liability incurred by Insured Person in Insured Person's private capacity to pay Damages for third party Accidental Bodily Injury.
2. Our liability to indemnify Insured Person under this Section shall be to the extent finally determined by a foreign court of law or otherwise as consented to in advance by us.
3. In the event that legal action is taken against Insured Person within India, it is a condition precedent to Our liability hereunder that Insured Person shall:
 - i. give immediate written notice to us to the address specified in the Policy Schedule, and
 - ii. not incur any defense costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without Our prior written consent, which shall be entitled (but in no case obligated) at any time to take over and conduct in Insured Person's name the defence and/ or settlement of any action or claim and shall be entitled at all times to receive Your cooperation and assistance and to appoint lawyers on Insured Person's behalf. Any and all costs and expenses incurred by Us or the lawyers appointed by Us shall be a first charge on the Limit of Indemnity hereunder.
4. We shall not settle any claim without Insured Person's express consent, but if he/she refuse an available settlement recommended by Us then Our liability shall thereafter be restricted to the amount by which the claim could have been settled.

C. GENERAL EXCLUSIONS

(i) Standard Exclusions applicable to all sections

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of the following:

1. Any Pre-Existing Disease
2. Any claim relating to events occurring before the commencement of the trip covered hereunder and any time after the completion of the trip at any port of the Country of Insured Person's Residence mentioned hereunder.
3. If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by Insured Person or any one acting on Insured Person's behalf to obtain any benefit under the Policy or if the loss or damage be occasioned by the willful act, or with Insured Person's connivance, all benefits under this Policy shall be forfeited.
4. In so far as it relates to, all the benefits and if Insured Person is/ have:
 - (a) travelling against the advice of a Medical Practitioner;
 - (b) receiving, or is on a waiting list to receive, specified medical treatment declared in a Medical Practitioner's report or certificate;

- (c) received terminal prognosis for a medical condition;
 - (d) taking part in a naval, military or air force operation;
5. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
 6. In respect of Insured Person's travel to any country against whom the Republic of India has imposed General or special travel restrictions, or against whom it may impose such restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country.
 7. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection.
 8. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed.
 9. Any treatment related to alcoholism or drug dependency.
 10. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion.
 11. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft.
 12. Participation in skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or diving in races or rallies using a motorized vehicle or bicycle, caving or potholing hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2miles), participation in any professional sports, any bodily contact sport or any other potentially dangerous sport for which Insured Person is untrained.
 13. Act of Terrorism by the Insured or which is abetted by the Insured in any manner.
 14. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage or under the order of any government or public authority.
 15. Standard list of excluded items as mentioned in our website <https://general.futuregenerali.in>

(ii) Exclusions applicable to Section B I, Medical Care and B. III (c), Compassionate Visit:

In addition to the General Exclusions listed, we shall not cover any claim that is caused by or attributable to or in respect of

- a. Any routine physical or other examination where there is no objective indication of impairment of normal health, and for medical treatment obtained within the Republic of India.
- b. Benefits will not be available for any condition, ailment or injury or related condition(s) for which Insured Person have been diagnosed, received medical treatment, prior to inception of Insured Person's first Policy, until 48 consecutive months have elapsed, after the date of inception of the first Policy with Us.
- c. Medical treatment if that is the sole reason or one of the reasons for temporary stay abroad.
- d. Any treatment which could in the opinion of the Service Provider and attending Medical Practitioner be or can be delayed until Insured Person's return to India.
- e. Elective, cosmetic or plastic surgery, except as a result of an injury caused by a covered accident while our Policy is in force.
- f. Dental treatment, except for Emergency Sickness Dental Relief as mentioned in Section B. I 6. or as a result of Injury caused by accident to sound natural teeth while this Policy is in effect.
- g. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
- h. The diagnosis and treatment of acne, deviated nasal septum including sub-mucus resection/ or other surgical correction thereof.
- i. Expenses which are not exclusively medical in nature.
- j. Spectacles, contact lenses, hearing aids and examination for the prescription or fitting thereof, unless Injury or Illness has caused impairment of vision or hearing, purchase of Bipap machine.
- k. Treatment provided in a government hospital or services for which no charge is normally made.
- l. Rehabilitation and physiotherapy or the costs of external prosthesis/ device.
- m. Any claim resulting directly or indirectly from, any internal or external congenital conditions.
- n. Pregnancy resulting to childbirth, miscarriage, abortion, or complication arising out of any of the foregoing, expenses related to treatment of infertility or birth control measures.

- o. Any costs incurred in connection with rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- p. Immunizations and treatment towards Obesity.
- q. AYUSH, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments under Alternative treatments other than Allopathy/ western medicines.

(iii) Exclusions Applicable to Section B. II (a), Hijack Distress Allowance

In addition to the General Exclusions listed, we shall not cover any claim that is caused by or attributable to or in respect of

- a. The first twelve hours of the hijacking.
- b. Any Incident where Insured Person is suspected to be either the principal or an accessory in the Hijacking.
- c. Any claim as a consequence of a change in the regular routes of travel/ journey of the common carrier due to traffic, weather, fuel shortage, technical security reasons.

(iv) Exclusions Applicable to Section B. II (b), Trip Delay

In addition to General Exclusions listed in this Policy We shall not cover any delay due to any Covered Hazard which was made public or known to Insured Person prior to the purchase of this Policy and for any departure which is delayed as a result of Insured Person or any other person who have arranged to travel with failing to check in correctly as required by the airlines.

(v) Exclusions Applicable to Section B. II (c), Trip Cancellation

In addition to General Exclusions listed in this Policy, We shall not cover any claim that is caused by or attributable to or arising out of foreseeable reason by Insured Person with high degree of probability.

(vi) Exclusions Applicable to Section B. II (d), Trip Curtailment

In addition to General Exclusions listed in this Policy, We shall not cover any claim that is caused by or attributable to or arising out of foreseeable reason by Insured Person with high degree of probability.

(vii) Exclusions Applicable to Section B. II (e), Missed Connection

In addition to General Exclusions listed in this Policy We shall not cover any delay due to any Covered Hazard which was made public or known to Insured Person prior to the purchase of this Policy and for any departure which is delayed as a result of Insured Person or any other person who have arranged to travel with failing to check in correctly as required by the airlines.

(viii) Exclusions Applicable to Section B. II (f), Loss of Passport

In addition to General Exclusions listed in this Policy We shall be under no liability to make payment for:

- a. Loss or damage to Insured Person's passport as a result of the confiscation or detention by customs, police or any other authority.
- b. Loss which is not reported to the appropriate police authority within 24 hours of the discovery of the loss, and in respect of which an official report has not been obtained.
- c. Loss caused by Insured Person's failure to take reasonable steps to guard against the loss of the passport.

(ix) Exclusions Applicable to Section B. III (a), Baggage Loss (checked in baggage)

In addition to General Exclusions listed in this Policy We shall be under no liability to make payment under this benefit in respect of any expenses whatsoever incurred by Insured Person in connection with coverages for any non-documented Loss. We will not be liable under this section for any:

- a. Valuables and money, all kinds of securities and tickets/ passes or any other item not declared to, and agreed to by, us.
- b. Loss of property unless a Property Irregularity Report or other report usually issued by carriers in the event of loss of checked-in baggage has been produced and submitted to us.
- c. Any partial loss of the items contained within the checked-in-baggage.
- d. Loss of Insured Person's baggage sent in advance or souvenirs and articles mailed or shipped separately.

(x) Exclusions applicable to Section B. IV (a), (b) and (c) Accidental Death and Permanent Total disability, Accidental Death (Common Carrier) and Accidental Death (Air Travel only)

In addition to General Exclusions listed in this Policy We shall be under no liability to make payment under this benefit in respect of any expenses whatsoever incurred by Insured Person in connection with or in respect of:

- a. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- b. Accident while under the influence of alcohol or drugs.
- c. Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
- d. Any accident of which a contributing cause was Insured Person's actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Insured Person's resistance

to arrest.

- e. Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.
- f. Participating in motor racing or trial run as a driver, co-driver or passenger.
- g. Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.
- h. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage or under the order of any government or public authority.
- i. Nuclear energy, radiation.
- j. Any existing disablement prior to the inception of the policy.
- k. Any expense incurred which is not exclusively medical in nature/ Unproven or Experimental treatment of any description.
- l. Expenses incurred for emergency medical evacuation.
- m. Accidents due to mental disorders or disturbances of consciousness strokes fits or convulsions which affect the entire body and any pathological disturbances caused by the mental reaction to the same.
- n. Any claim arising directly or indirectly, wholly or partly by bacterial infections (except pyogenic infections which shall occur through an Accidental cut or wound).
- o. Any loss caused directly or indirectly, wholly or partly by medical or surgical treatment except as may be necessary solely as a result of injury.
- p. Losses arising from Accidents on two wheeled motorized vehicles unless at the time of the Accident the driver is duly qualified in possession of a current full international driving license and the driver is wearing a safety crash helmet.

(xi) Exclusions Applicable to Section B. V (c), Burglary (Home Contents):

In addition to General Exclusions listed in this Policy, We shall not be liable to make any payment under this policy in connection with or in respect of any expenses whatsoever incurred by Insured Person in connection with or respect of:

- a. Loss or damage caused by Insured Person and/ or employee(s) or agents and/ or Insured Person Family member's direct or indirect involvement in the actual or attempted burglary.
- b. Any loss or damage to, or on account of loss livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit card or credit cards, precious stones that are not part of jewellery or ornaments, gold bullion.
- c. Loss or damage to any property/ item illegally acquired, kept, stored or property to forfeiture in any manner whatsoever.

(xii) Exclusions Applicable to Section B. VI (a), Personal Liability: In addition to General Exclusions listed in this Policy, we shall not be liable to make any payment under this policy in connection with or in respect of:

- a. Insured Person's liability to any employee (whether under a contract of or for services);
- b. Liability which is expected by or intended for Insured Person.
- c. Liability arising out of the rental or holding for rental of any part of any premises by Insured Person,
- d. Liability arising out of the rendering of or failure to render professional services,
- e. Liability arising out of a premises, water craft or aircraft that is owned by, rented to or rented by Insured Person,
- f. Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft,
- g. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse,
- h. Liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug Agency or equivalent or similar organization,
- i. Liability under any contract or agreement,
- j. Property Damage to property owned by Insured Person,
- k. Property Damage to property rented to, occupied or used by or in the care of Insured Person,
- l. Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by Insured Person under any worker's compensation law, non-occupational disability law or occupational Diseases law, or similar law,
- m. Suits or legal actions from Insured Person's Immediate Family Member, or Travelling Companion or Immediate Family Member of a Travelling Companion against Insured Person.

D. GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

(i) Conditions precedent to the contract

1. Entire Contract:

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, of which approval shall be evidenced by an endorsement

on the Policy. No agent shall or has the authority to change in any respect whatsoever any term of this Policy or waive any of its provisions.

2. Observance of terms and conditions:

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by Insured Person, shall be a Condition precedent to any of Our liability to make any payment under this Policy.

(ii) Conditions applicable during the contract

1. Notices and declarations:

Any and all notices and declarations for our attention shall be submitted in writing and shall be sent to the address specified in the Schedule.

2. Notice of charge:

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by Us to You or your legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to us.

3. Fraudulent claims

If Insured Person shall make or advance any Claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all Claims or payments hereunder shall be forfeited.

4. Arbitration clause

- a. Any dispute regarding the claim amount, liability otherwise being admitted, are to be referred to arbitration under the Arbitration & Conciliation Act 1996. The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.
- b. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian courts.

5. Governing Law

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with the laws of India. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation. The terms of this policy shall not be waived or changed except by endorsement issued by us.

6. Your Duties on occurrence of loss:

On the occurrence of any loss, within the scope of cover under the Policy you shall:

- a. Forthwith file/ submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in Policy.
- b. Allow the Surveyor or any of our agent to inspect the lost/damaged properties premises /goods or any other material items, as per 'the Right to Inspect' Clause as provided in this Part.
- c. Assist and not hinder or prevent us or any of its agents in pursuance of their duties under 'Our Rights on Happening of Loss or Damage' Clause as provided in this Part.
- d. Not abandon your property/ item premises, nor take any steps to rectify/remedy the damage before the same has been approved by Us or any of its agents or the Surveyor.
- e. If You do not comply with the provisions of this Clause or other obligations cast upon You under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at Our option

7. Our Rights on happening of loss or damage

- a. On the happening of loss or damage, or circumstances that have given rise to a claim under this Policy, We may:
- b. Enter and/ or take possession of Your property, where the loss or damage has happened
- c. Take possession of, or require to be delivered to it any of Your property in the building or on the premises at the time of the loss or damage
- d. Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same; and,
- e. Sell any such property or dispose of the same for account of whom it may concern. The powers conferred by this condition shall be exercisable by Us at any time until notice in writing is given by You that he makes no claim under the Policy, or if any claim is made, until such claim is finally determined or withdrawn. We shall not by any act done in the exercise or purported exercise of its powers hereunder incur any liability to You or diminish its rights to rely upon any of the conditions of this Policy in answer to any claim.
- f. If you or any person on his behalf shall not comply with Our requirement, or shall hinder or obstruct Us in the exercise of the powers hereunder, all benefits under the Policy shall be forfeited at Our option.

8. Right to inspect:

If We require our agent/ representative including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to Your claim be permitted at all reasonable times to examine into the circumstances of such loss. You shall on being required so to do by Us produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by Us so far as they relate to such claims or will in any way assist Us to ascertain in the correctness thereof or Our liability under the Policy.

9. Position after a claim:

You shall not be entitled to abandon any of your item/ property whether we have taken possession of the same or not. As from the day of receipt of the claim amount by you as determined by us to be fit and proper, the Limit of Indemnity for the remainder of the Period of Insurance shall stand reduced by the amount of the compensation.

10. Indemnity:

We may at its option, if applicable reinstate, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing. We shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner. In no case shall we be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage and in any event not more than the Limit of Indemnity thereon. If in any case we shall be unable to reinstate or repair your property/ item hereby, because of any law or other regulations in force affecting your property or otherwise, We shall, in every such case, only be liable to pay such Sum as would be requisite under the Policy.

11. Subrogation: (Applicable only to indemnity sections under the policy):

You and any claimant under this Policy, shall at Our expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing any rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Us paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after Your indemnification by Us.

12. Multiple policies (Applicable only to indemnity sections under the policy):

- a. If two or more policies are taken by an insured during a period from one or more insurers to indemnify treatment costs, the insured shall have the right to require a settlement of his/her claim in terms of any of his/her policies
- b. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- c. The insured having multiple policies shall also have the right to prefer claims from other policy/ policies for the amounts disallowed under the earlier chosen policy/ policies, even if the sum insured is not exhausted. Then, We shall settle the claim subject to the terms and conditions of the other policy/ policies so chosen.
- d. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- e. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

13. Cancellation of the policy

- a. You anytime before the commencement of the proposed journey may cancel this Policy by giving notice in writing to us as long as You are able to establish to Our satisfaction that the proposed journey has not commenced.
- b. In event of cancellation of policy after the proposed date of commencement of journey within 7 days or the expiry date mentioned in the Policy whichever is earlier you shall be entitled to a refund of the premium subject to our retention of minimum of Rs 250. This is provided no journey is undertaken. We will verify the original passport and ensure that the journey was not undertaken before any refund of premium.
- c. Cancellation/ termination: Cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation. We will cancel the policy by giving 15 days notice in writing by Registered Post Acknowledgment Due post to You at Your last known address in which case We shall be liable to

repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation.

(iii) Conditions when claim arises

1. In case a claim has been filed on the original policy duration, then the policy may be extended only if the claim filed for is under the following benefits,
 - a. Baggage Loss
 - b. Baggage Delay
 - c. Financial Emergency Assistance
 - d. Passport Loss
 - e. Hijack Distress Allowance
 - f. Trip Cancellation and Trip Curtailment
 - g. Trip Delay
 - h. Missed Connection
2. The extension of any policy is at our sole discretion, and we are not liable to offer any reason to you if the policy is not extended
3. A policy may not be extended if a claim is already filed by you. If you do not declare the claims filed or the claims that will be filed on the policy for the original policy duration, the extension is deemed to be invalid. No refund of premium will be given. We will also not be liable to pay any claim filed on these policies.
4. The premium payable for the extension of the policy during the trip duration shall be the premium payable for the overall trip duration (including the extension) less the initial premium already paid.
5. Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once.
6. You shall take all reasonable precautions to prevent injury, illness and disease in order to minimize claims. Failure to do so will prejudice your claim under this Policy.
7. You shall provide us with details of the trip and other information (as may be required by us from time to time) about you in advance.
8. Our liability to make payment is only in excess of the Deductible.
9. Terrorism is covered if insured is a victim of act of terrorism and not involved in abetment of terrorism.
10. **Claim procedure:**
 - a. You shall immediately contact the Help line (Alarm Centre) of the Service Provider as mentioned in the Schedule.
 - b. You need to contact the Help Line number while abroad as soon as possible and provide Notification of claim in case You are/will be filing any claim, even if assistance is not required. We will not be liable to pay any claim that has not been informed by you while abroad to the Help Line Number on return back to India.
 - c. The Service Provider Help Line Number will verify the identity of the caller.
 - d. In the event of an accident or sudden illness where it is not possible to do so before consulting a Medical Practitioner or going to the Hospital, You shall contact the Help Line Number as soon as possible. In either case, when being admitted as a patient, you shall show the concerned Medical Practitioner or personnel this Policy, if requested.
 - e. In case of Financial Emergency You shall immediately contact the Help Line number of the Service Provider stating the details given on Your Insurance Policy .The Service Provider shall verify your details and ascertain this amount of cash required, local contact in India who can provide payment security including delivery charges through credit card or close relatives.
 - f. The Service Provider organizes cash delivery after obtaining payment security from you or your relatives.
 - g. In case of Hijacking, the fact of the incident having occurred should be confirmed by police authorities. The police report should contain details such as your passport number, the period of hijack, etc. In rare cases, we may consider the other supporting documents such as a report issued by the airlines, newspapers reports, TV and other media coverage with regard to the particular hijacking accident.
11. **Claims Settlement:**
 - a. If the Procedure stated above is complied with, the Service Provider, as the case may be, will guarantee to the Hospital Authorities the costs of hospitalisation, transportation for emergency services incurred by you and any covered accompanying person. All costs will be directly settled by the Service Provider on Our behalf and the same shall constitute due discharge of our obligations hereunder.
 - b. If the Hospital does not accept the guarantee of payment from the Service Provider, We cannot be held liable for the same. The cost will then have to be borne by you. These costs will then be reimbursed by us, as per policy terms on submission of required documents.
 - c. Reimbursement of all claims (except claims under Financial Emergency Assistance) will be made by the Service Provider in Indian Rupees on Your return back to the Republic of India, at the exchange

rate specified by the Reserve Bank of India, as applicable on the date the amount is billed. Claims under Financial Emergency Assistance shall be settled/ arranged directly to you, whilst abroad, by the Service Provider. You shall immediately and in any event not later than 30 days after his return to India, notify the Service Provider and obtain a Claim Form for completion and return to the Service Provider along with supporting invoices and any other documentation or information that might be required or requested by the Service Provider.

- d. The periods for intimation or submission of any documents will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.
- e. In case of Fire/ burglary loss to the Your Home whilst on the trip abroad, the loss is to be intimated to the Service Provider in India. We shall appoint an independent surveyor to assess the loss.

12. Claim Documentation:

- a. The original ticket/ boarding pass or a copy of the passport indicating the travel dates must be submitted with every claim, along with the completed claim form.
- b. The original bills and vouchers must be submitted along with all claims.
 - i. For Medical Expenses: Please attach Medical Practitioner's Consultation notes, Original admission/ discharge card, Original Bills/ receipts with prescriptions and diagnostic/ investigative reports, copy of passport/ visa with entry and exit stamp and copy of the ticket and boarding pass.

Bills/ vouchers/ reports/ discharge summary must mention the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed. The pharmacy bills must clearly show the price and the receipt stamp of the pharmacy. In the case of dental treatment, the bills/ vouchers/ reports must give the details of the tooth treated and the treatment performed. The claim form should clearly indicate the same and supporting should be provided.

- ii. For reimbursement of the costs towards Repatriation of the mortal remains to the Republic of India or of the costs of burial abroad, an official death certificate and a Medical Practitioner's statement giving the cause of death needs to be submitted. Medical statements from relatives or spouses will not be accepted. Original bills/ receipts of the expenses incurred need to be submitted also. These would be paid as per the Reasonable and Customary charges incurred for the same.
- iii. For reimbursement of expenses of Your Emergency Medical Evacuation, a medical statement from an attending Medical Practitioner indicating the cause of illness and the necessity of the transportation needs to be submitted. Medical statements from relatives or spouses will not be accepted. Original bills/ receipts of the expenses incurred need to be submitted also. These would be paid as per the Reasonable and Customary charges incurred for the same.
- iv. For reimbursement of expenses of Your Loss of Checked-in Baggage, a Property Irregularity Report or other report usually issued by the carriers in the event of loss of checked-in baggage will need to be submitted with the claim form. A letter from the airline need to be submitted stating the compensation received from them for the lost baggage. Adequate proof of ownership of items contained within checked-in baggage valued in excess of the Indian Rupee equivalent of USD 100 for loss/ delay of checked-in baggage will need to be submitted.
- v. For reimbursement of expenses of Your Delay of Checked in Baggage please attach the details of items purchased during the delay period, copies of baggage tags, copies of correspondence with airline authorities certifying, along with details of compensation received from airlines/ other authorities (if any), Property Irregularity Report (obtained from airline), Original Bills/ receipts/ invoices connected to expenses incurred/ purchases made during the delay period, Copy of the passport/ visa with entry & exit stamp.
- vi. For reimbursement of expenses of Your Loss of passport please attach a Police Report obtained within 24 hours of You becoming aware of the theft needs to be submitted. Along with this, bills/ receipts of expenses incurred in obtaining a new/ fresh passport needs to be submitted.
- vii. For reimbursement of expenses of Your Compassionate Visit please attach certificate from the treating Medical Practitioner attending You and the need of such assistance is essential in the opinion of the attending Medical Practitioner and recommendation by him/ her accordingly. Original bills/ invoices and Copy of air tickets.
- viii. For reimbursement of expenses towards Personal Liability please attach the Judgment of the Court.
- ix. For reimbursement of expenses of Your Personal Accident claim please attach the Police report, Post Mortem Report, Death Certificate, Medical report in the enclosed format, Certificate issued by State Government Undertaking Hospital authority who is authorized to issue certificate for Permanent Total Disability .
- x. For reimbursement of expenses towards Hijack Relief please attach the copy of passport/ visa with entry & exit stamp (if any), copy of the ticket and boarding pass, the police report with details such as Your passport number & period hijacking, newspaper report (if available).

- xi. For reimbursement of expenses towards Trip Cancellation or Trip Curtailment, please attach the following documents:
 - Medical reports and Medical Practitioner's consulting notes, if trip is cancelled or interrupted due to medical reasons,
 - Police report confirming the incident shall be submitted, if due to other Insured events.
 - Medical Report/ Death Certificate, in case the cancellation or interruption is owing to the death or critical illness of immediate family member.
 - All bills/ receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted to Us.
 - Documents required in case of trip cancellation or trip curtailment due to serious damage to Insured Person's residence in India arising from fire:
 - Police report
 - Fire brigade report
 - Notarized witness statements
 - Photographs, if taken during fire
- xii. For reimbursement of expenses towards Trip Delay, please attach the following documents: Airport/ common carrier authority report confirming the incident causing trip delay. It should contain Your Passport numbers and Period. All bills/ receipts of reasonable additional expenses incurred.
- xiii. For reimbursement of expenses towards Missed Connection, please attach the following documents: Confirmation from the airline clearly mentioning the scheduled arrival time and the actual arrival time. The reason for delay in the flight also needs to be mentioned. All the bills/ receipts of reasonable additional expenses incurred shall be submitted to Us.
- xiv. For reimbursement of expenses towards Burglary, please attach the following documents: First Information report, Panchnama, Investigation Report by the Police, Estimate and final bills of repairers, Legal Opinion wherever required, and any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

Any other document(s) that we require from you to process the claim may be asked for. If we or the Service Provider requests that bills/ vouchers in a foreign language be accompanied by an appropriate translation then the same will be borne by You

13. Obligations of the Insured:

- a. You shall provide the Service Provider on demand of any information that is required to determine the occurrence of the Insurable event or our liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Trip aboard.
- b. If requested to do so by the Service Provider, You are obliged to undergo a medical examination by Medical Practitioner designated by the Service Provider.
- c. The Service Provider is authorized by you to take all measures that are suitable for loss prevention and claim minimization, which includes your transportation back to India.
- d. We shall be released from any obligation to pay insurance benefits if any of the aforementioned obligations are breached by you.

14. Transfer and Set off of claims

- a. If you have any outstanding claims against third parties, such claims shall be transferred in writing to us up to the amount for which the reimbursement of costs is made by us in accordance with the terms hereunder.
- b. In so far as you receive compensation for costs you have incurred either from third parties liable for damages or as a result of other legal circumstances, we shall be entitled to set off this compensation against the insurance benefits payable, if any.
- c. Claims to the insurance benefits may be neither pledged nor transferred by you.
- d. Upon acceptance of an offer of settlement as stated in sub-regulation (5) of the (Protection of Policyholders' Interest) Regulations, 2000 by You, We will make payment of the amount due within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.
- e. The insurance cover applies to all countries covered in the Policy Schedule, except those countries, where you have a permanent place of residence and those countries for which the Government has issued travel advisory.
- f. In event of your death, we or our representatives shall have right to carry out a post mortem/ autopsy, at our expense.

E. SCHEDULE OF BENEFITS

Benefits		Limits	Deductible
All Figures are in USD			
Medical Care	Accident & Sickness Medical Cover	500000	75
	Emergency Medical Evacuation	Included	Nil
	Repatriation of Remains (Limited to USD 10000)	Included	Nil
	Daily Hospital Allowances	25 per day (Max 5 days)	1 Day
	Emergency Sickness Dental Relief	300	100
Travel Inconvenience	Hijack Benefit	150 per day (max for 7 days)	1 Day
	Trip Delay	20 per 12 hrs (max 120 hours)	12 hrs
	Trip Cancellation	2500	100
	Trip Curtailment	2500	100
	Missed Connection	500	50
	Loss of Passport	250	25
Personal Care	Baggage Delay (checked in baggage)	200	12 hrs
	Baggage loss*** (checked in baggage)	1000	25
	Compassionate visit	Up to a max of 1000	200
	Financial Emergency Assistance**	500	Nil
Personal Accident	Accidental Death & Permanent Total Disability	20000	Nil
	Accidental Death Common Carrier	5000	Nil
	Accidental death Air Travel only	5000	Nil
Legal Liability	Personal Liability	200000	0.1% of limit of indemnity
Special Care	Golfers Hole in One celebration	200	Nil
	Automatic extension for 7 days	Available	Nil
	Home burglary insurance	₹ 200000	Nil
	Child escort	2500	Nil

Medical tests are not required subject to clean proposal form (with Good Health Declaration).

** Financial Emergency Assistance – Service Provider will assist in coordinating for a cash assistance upto USD 500 subject to policy terms and conditions.

*** Per baggage maximum 50% & per item in the baggage maximum 10%.

Period of policy would be as per the "Days of Travel" opted for.



ISO No.: FGH/UW/RET/177/01

Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287. Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Call us at: 1800-220-233 | Fax No: 022 4097 6900 | Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license.

GRIEVANCE REDRESSAL PROCEDURES





Dear Customer,

At **Future Generali** we are committed to provide “**Exceptional Customer-Experience**” that you remember and return to fondly. We encourage you to read your policy & schedule carefully. We want to make sure the plan is working for you and welcome your feedback.

What Constitutes a Grievance?

A “Grievance/Complaint” is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard service/deficiency of service from Future Generali or its intermediary or asks for remedial action.

If you have a complaint or grievance you may reach us through the following avenues:


	Help-Lines	1800-220-233 1860-500-3333 022-67837800		E-mail	fgcare@futuregenerali.in
	GRO at each branch	Walk-in to any of our branches and request to meet the Grievance Redressal Officer (GRO)		Website	https://general.futuregenerali.in

What can I expect after logging a Grievance?

- **We** will acknowledge receipt of your concern within 3 business days
- Within 2 weeks of receiving your grievance, **We** shall revert to you the final resolution
- **We** shall regard the complaint as closed if **We** do not receive a reply within 8 weeks from the date of receipt of response

How do I escalate?

You can write directly to our **Customer Service Cell at our Head office:**

	Customer Service Cell	<p>Customer Service Cell Future Generali India Insurance Company Ltd. Corporate & Registered Office: 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013</p> <p><i>Please send your complaint in writing. You can use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster.</i></p>
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What should I do, if I face difficulty in registering a grievance?

While we constantly endeavor to promptly register, acknowledge & resolve your grievance, if you feel that you are experiencing difficulty in registering your complaint, you may register your complaint through the **IRDAI (Insurance Regulatory and Development Authority of India)**

Call center: toll free number (15255).

Register your complaint online at: <http://www.igms.irda.gov.in/>

Grievances of Senior Citizens:

We have established a separate channel to address the grievances of Senior Citizens. The concerns will be addressed to the Senior Citizen's channel for faster attention or speedy disposal of grievance, if any

Insurance Ombudsman:

If you are still not satisfied with the resolution to the complaint as provided by our **GRO**, you may approach the Insurance Ombudsman for a review. The Insurance Ombudsman is an organization that addresses grievances that are not settled to your satisfaction.

You may reach the nearest insurance ombudsman office. For ease of reference, the list of Insurance Ombudsmen offices is as mentioned below:

OFFICE OF THE OMBUDSMAN	CONTACT DETAILS	AREAS OF JURISDICTION
AHMEDABAD	Office of the Insurance Ombudsman	Gujarat, Dadra & Nagar Haveli, Daman and Diu

	2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel: 079-27546150/27546139 Fax: 079-27546142 E-mail: bimalokpal.ahmedabad@qbic.co.in	
BENGALURU	Office of the Insurance Ombudsman Jeevan Soudha Building,PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 E-mail: bimalokpal.bengaluru@qbic.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL - 462 023 Tel: 0755-2569201/9202 Fax: 0755-2769203 E-mail: bimalokpal.bhopal@qbic.co.in	Madhya Pradesh, Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 Tel: 0674-2596461 Fax: 0674-2596429 E-mail: bimalokpal.bhubaneswar@qbic.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No.101 - 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 Tel: 0172-2706196/2706468 Fax: 0172-2708274 E-mail: bimalokpal.chandigarh@qbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018 Tel:044-24333668 /5284 Fax: 044-24333664 E-mail: bimalokpal.chennai@qbic.co.in	Tamilnadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel: 011-23237539/23232481 Fax: 011-23230858 E-mail: bimalokpal.delhi@qbic.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, GUWAHATI - 781 001 Tel:0361-2132204/5 Fax: 0361-2732937 E-mail: bimalokpal.guwahati@qbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman 6-2-46 , 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004 Tel: 040-65504123/23312122 Fax: 040-23376599 E-mail: bimalokpal.hyderabad@qbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Pondicherry
JAIPUR	Office of the Insurance Ombudsman Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 E-mail: bimalokpal.jaipur@qbic.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 Tel: 0484-2358759/2359338 Fax: 0484-2359336 E-mail: bimalokpal.ernakulam@qbic.co.in	Kerala, Lakshadweep, Mahe - a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman 4 th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, KOLKATA - 700 072 Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : bimalokpal.kolkata@qbic.co.in	West Bengal, Sikkim and UT of Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman	Districts of U.P:-

	Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, LUCKNOW - 226 001 Tel: 0522 -2231331/30 Fax: 0522-2231310 E-mail: bimalokpal.lucknow@gbic.co.in	Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), MUMBAI - 400 054 Tel: 022-26106928/26106552 Fax: 022-26106052 E-mail: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201301 Tel: 0120-2514250/51/53 E-mail: bimalokpal.noida@gbic.co.in	Uttaranchal and the following Districts of U.P:- Agra, Aligarh, Bagpet, Bareilly, Bijnor, Budaun, Bulandshehar, Etah , Kanooj, Mainpuri, Mathura , Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800006 Tel: 0612-2680952 E-mail: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman Jeevan Darshan Bldg., 3 rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, PUNE – 411 030 Tel: 020-41312555 E-mail: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDAI website: www.irdai.gov.in on the website of General Insurance Council: www.generalinsurancecouncil.org.in, our website <https://general.futuregenerali.in> or from any of our offices

CLAIM FORM FUTURE PLATINUM TRAVEL - GROUP

Please contact our 24 hour Helpline Number **+91 22 67347841** (with call back facility anywhere in the world) **OR** You may use Country specific numbers as mentioned below in-"**HOW TO REACH US**". Failure to intimate your claim within 24 hours to our Assistance Company shall invalidate your claim.

Note:-

1. Issuance of the form does not imply acceptance of the liability or a waiver of terms, conditions & exclusions of policy.
2. Please attach all Originals bills, receipts, credit card slips or bank statement to your claim. (Mandatory)

1. Policy Number -	2. Passport No-
3. Policy Start Date -	4. Policy End date -
Certificate Number -	
Please Indicate any other insurance coverage (In India/overseas) - Policy Number/s :	
Name of the Policyholder:	
5. Name of the Insured Person/Member	
6. (a)Name of the Claimant Person (in respect of whom the claim is made)	
(b) Relationship to the Insured -	(c) E-mail ID/s :-
(d) Contact Numbers (INDIA) -	(e) Contact Numbers(Overseas) -
(e) Residential Address (INDIA) -	

Trip Details: - Date of Departure: ____/____/____ Flight No: _____
 From _____ To _____ Date of Arrival: ____/____/____
 Flight No: _____ From _____ To _____

Claim in Respect of following section (please tick against the applicable claim type)

A. Medical Care Medical Expenses <input type="checkbox"/> Repatriation of Remains <input type="checkbox"/> Emergency Medical Evacuation <input type="checkbox"/> Daily Hospital Allowances <input type="checkbox"/> Emergency Sickness Dental Relief <input type="checkbox"/> Continuation of Medical Treatment in India <input type="checkbox"/>	B. Travel Inconvenience Hijack Benefit <input type="checkbox"/> Trip Delay <input type="checkbox"/> Trip Cancellation <input type="checkbox"/> Trip Curtailment <input type="checkbox"/> Missed Connection <input type="checkbox"/> Loss of Passport <input type="checkbox"/>	C. Personal Care Baggage Loss <input type="checkbox"/> (Checked in Baggage) Baggage Delay <input type="checkbox"/> (Checked in Baggage) Compassionate Visit <input type="checkbox"/> Financial Emergency Assistance <input type="checkbox"/>
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D. Personal Accident Accidental Death. <input type="checkbox"/> Permanent Total Disability. <input type="checkbox"/> Accidental Death (Common Carrier) <input type="checkbox"/> Accidental Death (Air Travel Only) <input type="checkbox"/>	E. Special Care Golfers Hole in one Celebration <input type="checkbox"/> Home Burglary Insurance <input type="checkbox"/> Automatic extension of policy period <input type="checkbox"/> Child Return Journey <input type="checkbox"/>	F. Legal Liability Personal Liability <input type="checkbox"/>
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MEDICAL EXPENSES, EMERGENCY SICKNESS DENTAL RELIEF, EMERGENCY MEDICAL EVACUATION

Name of the Hospital: _____

Address of the Hospital: _____

Name of Treating Doctor and Contact details: _____

Details of illness & Treatment: _____

Date of First Symptom ____/____/____ please confirm if the illness was also treated in past (Pre-Existing): Yes No

Treatment / Hospitalization dates for any illness/disease in past: From ____/____/____ To ____/____/____

Treatment Details of Any illness ailment in past: _____

Name of medicines you are presently or routinely taking: _____

PAST HISTORY OF ANY CHRONIC ILLNESS WITH DURATION				
Disease / Ailment				Duration (Specify Years / Months / Days)
Hypertension	Yes		No	
Hyperlipidemia	Yes		No	
Cancer	Yes		No	
Osteoarthritis	Yes		No	
Diabetes	Yes		No	
Cardiovascular Diseases	Yes		No	
Asthma / COPD / Bronchitis	Yes		No	
Congenital Internal / External	Yes		No	
Any HIV or STD/Related Ailments	Yes		No	
Alcohol or Drug Abuse	Yes		No	
Any Surgery / Hospitalization	Yes		No	
Any Other Disease / Disability	Yes		No	

Name of Family Physician (INDIA): _____

REPATRIATION OF REMAINS

(PLEASE ATTACH TREATING DOCTOR'S OPINION FOR THE NECESSITY OF AN ATTENDANT/EVACUATION).

Evacuation Request From: - _____ to: - _____

Date of Medical Evacuation required: _____

Cause of Death/ Medical Transportation: _____ Place of Death: _____

Medical Transportation from _____ to _____ Date of Death/ Medical Transportation: ____/____/____

ITEM NO	DETAILS OF EXPENSES INCURRED - UNDER MEDICAL EXPENSES	AMOUNT
TOTAL CLAIMED AMOUNT * Kindly specify this total claimed amount.		

FINANCIAL EMERGENCY ASSISTANCE

Date on which fund was lost: ____/____/____ Details of incident of loss of fund i.e. how, when, where _____

Local contact Person (INDIA) who can provide payment security _____ Contact Numbers _____

Name of the Police Station _____ Police Information (FIR) No _____

LOSS OF PASSPORT, LOSS OF BAGGAGE; DELAY IN CHECKED IN BAGGAGE, TRIP DELAY/CURTAILMENT

Date & Time of actual arrival: ____/____/____ at ____ am/pm.
 Date & Time of scheduled arrival ____/____/____ at ____ am/pm,
 Date & Time of Retrieval of Baggage ____/____/____ at ____ am/pm,
 Total Hours of Delay _____
 Details of Incident i.e. how, when, where _____

Date on which baggage/passport was lost: ____/____/____ Place where baggage/passport was lost _____

ITEM NO	DETAILS OF EXPENSES INCURRED – UNDER TRAVEL INCOVENIENCE	AMOUNT
TOTAL CLAIMED AMOUNT * Kindly specify this total claimed amount.		

PERSONAL ACCIDENT

Claiming for Personal Accident resulting into **DEATH** / **DISABILITY** (exact details of Disability) _____

Date of Accident: _____ Place of Accident: _____ Claimed Amount: _____

Details & Circumstances of Accident i.e. how, when, where _____

Was the injured person under the influence of alcohol/drugs/medicines at the time of accident: NO / YES _____

Name of the Police Station informed about accident _____ Police Information (FIR) No _____

Name & Address of Hospital _____

Name & Address of Casualty Doctor _____

Name & address of Insured's Regular physician in India _____

Nominee Name, Address & Contact Details _____

(Please attach Attending Physician's Statement as per standard format)

AUTHORIZATION FOR TRANSFER OF CLAIM AMOUNT BY NATIONAL ELECTRONIC FUND

Please provide below mentioned details of **INSURED'S INDIAN BANK ACCOUNT** for NEFT payment.

Bank Name	
Branch Name & Address	Branch Phone No.
Name of Proposer (As per Bank A/c): Relation with Insured	
Account No. (as appearing in Cheque Book)	
Branch IFSC Code for NEFT	Branch MICR Code
Account Type : Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash / Credit <input type="checkbox"/>	
Contact numbers in India: _____ ; Alternate Email ID: _____	
(Please attach a scanned image of a blank, duly cancelled cheque - of your bank)	

Declaration: - I hereby declare that the particulars given above are correct and complete. If any transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold Future Generali India Insurance Company Ltd. responsible. I also undertake to advise any change in the particulars of my account to facilitate updations of records for purpose of credit of claim amount through NEFT.

I/ We hereby authorize service provider, Insurance Company & its authorized representative to collect my Medical Records, Treatment Papers, Investigation Reports etc. from Treating Doctor/ Family Physician / Hospitals in India or Overseas.

I/ We hereby to the best of my/ our knowledge and belief, warrant the truth of the above details in every respect. I/ We agree that if we have already made or if I/ We make in any of my/ our further statements in respect of the

said incident or any false or fraudulent declarations or suppress or conceal any material fact, the policy shall be void and all rights of compensation in respect to the presence or future shall be forfeited.

Place: _____

Signature of the claimant/ Insured

Date: _____

Name of the claimant/ Insured

HOW TO REACH US

Overseas policy holders can call us on any of the Toll free numbers listed below.

Country	Number to be dialed	Accessible from
USA	18337426672	Fixed Line, Mobile networks UIFN or Payphone
Canada	01180055331345	Fixed Line
New Zealand	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
Singapore	00180055331345	Fixed Line, Mobile networks UIFN or Payphone
Malaysia	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
Australia	001180055331345	Fixed Line, Mobile networks UIFN or Payphone
Austria	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
China	0080055331345	Fixed Line
France	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
Germany	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
UK	0080055331345	Fixed Line, Mobile networks UIFN
Netherlands	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
Belgium	0080055331345	Fixed Line
Portugal	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
Denmark	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
Hong Kong	00180055331345	Fixed Line, Mobile networks UIFN or Payphone
Norway	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
Spain	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
Poland	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
Thailand	00180055331345	Fixed Line, Mobile networks UIFN
Philippines	0080055331345	Fixed Line
Italy	0080055331345	Fixed Line
Hungary	0080055331345	Fixed Line, Mobile networks UIFN or Payphone
Finland	0080099441111	Fixed Line, Mobile networks UIFN or Payphone
Ireland	0080099441111	Fixed Line, Mobile networks UIFN or Payphone
Russia	0080099441111	Fixed Line, Mobile networks UIFN or Payphone
India	1800 209 2333	All phones

In case there is no Toll free number for the country you are calling from, you may please call us on the our India Landline number - +91 22 67347841 (This number is chargeable and accessible 24 X 7 X 365). You may also ask for a call back on this number and we will immediately call you back on your preferred number as provided during the call request.

National Toll Free number for your relatives in India is 1800 209 2333.

Alternatively, you may also write to us at fgi@europ-assistance.in / fg.h.travel@futuregenerali.in.



Future Generali India Insurance Company Limited

Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900. Website: <https://general.futuregenerali.in> | Email:

fgcare@futuregenerali.in IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287



FORM FOR REQUEST / COMPLAINT / FEEDBACK / APPRECIATION

I want to submit a Request Complaint Suggestion / Feedback Appreciation

Policy Type Motor Health Personal Accident Other _____

Policy Details Policy No. Claim No. Cover Note Health Card Existing Service Request

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Customer Name _____

Address _____

City: _____ Pin code: _____ Telephone No. : _____ Mobile No. : _____

Detailed Description _____

D	D	M	M	Y	Y	Y	Y
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Date

Customer's Signature

You may submit the form to the Nearest Branch Office or mail it to our Customer Service Cell at:
Customer Service Cell | Future Generali India Insurance Company Ltd.

Registered and Corporate Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in | Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800

For office use only

Service / Case#

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Comments

